

N16000007235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

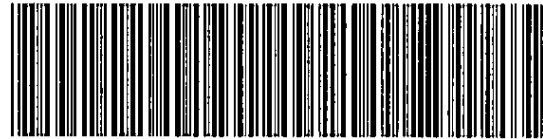
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: True North Sports, Inc
Name of Corporation

DOCUMENT NUMBER: N16000007235

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Celia Slater

Name of Contact Person

True North Sports, Inc

Firm/Company

~~PO Box 358625~~

Address

GAINESVILLE, FLORIDA ~~32635~~

City/State and Zip Code

CELIA@TRUENORTHSPORTS.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELIA SLATER

Name of Contact Person

at (727)

517-6764

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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2021 JUN 18 PM 2:08

FLORIDA DEPARTMENT OF STATE

Division of Corporations

May 26, 2021

CELIA SLATER
PO BOX 358625
GAINVILLE, FL 32635

SUBJECT: TRUE NORTH SPORTS, INC.
Ref. Number: N16000007235

We have received your document for TRUE NORTH SPORTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carlotta L Harper
Document Specialists

Letter Number: 821A00011417

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRUE NORTH SPORTS, INC.
2. The principal office address: 2001 NW 27th Dr.
GAINESVILLE, FL 32605
3. The mailing address (if different): PO Box 358625, Gainesville, FL 32635
4. Date of incorporation/qualification: 7/20/2016 Document number: N16000007235
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

COGENCY GLOBAL

115 N CALHOUN ST SUITE 4

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CELIA SLATER, TRUE NORTH SPORTS, INC

2001 NW 27TH DR

P.O. Box, NOT acceptable

GAINESVILLE, FL 32605

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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Celia Slater
Signature of an officer or director

CELIA SLATER

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signed for
COGENCY
Global

Celia Slater
Signature of Registered Agent

4-1-21

Date

If signing on behalf of an entity:

Celia Slater
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)